opposite to the paralyzed limbs. In Jacksonian epilepsy the reflex is lost on the side of the convulsive seizures, and on both sides when the convulsions become general. This is particularly useful in distinguishing hysterical convulsions from true epilepsy. If the comatose condition is due to an intoxication, the reflex is absent bilaterally. Chloroform narcosis is an example of this. In uremia, however, reservations must be made, inasmuch as this intoxication is occasionally accompanied by partial paralysis dependent upon cerebral lesions, either toxic or due to œdema.

The Clinical Value of Antitrypsin Determinations in the Blood.—JACOB (*Münch. med Woch.*, 1909, lvi, 1361) has studied the antitryptic content of the blood in various diseases, his material numbering about 100 cases. Fuld's method was employed in the experiments. His study leads Jacob to conclude that an increase of antitryptic ferment of the blood serum occurs in a relatively large number of diseases. It is practically constant in severe cachexia, but is also very frequently present in all diseases associated with changes in the white blood cells. Finally, it may be observed in a number of cases in which neither of these factors is present. The occurrence and the cause of the reaction are still quite obscure; a positive result is obtained in such a variety of diseased conditions that no diagnostic significance can be attached to it.

A Reaction in the Umbilical Blood of Newborn Infants: A Contribution to the Study of Much's Psychoreaction.—BAUER (*Münch. med. Woch.*, 1909, lvi, 1367) has studied the reaction described by Much in the blood of patients suffering with dementia præcox, etc., in which a positive result is indicated by inhibition of cobra hemolysis after the addition of the patient's serum to the hemolytic material. The author finds that serum obtained from the umbilical cord of the newborn gave a positive result in practically all of 17 cases. The blood serum of 16 older children and adults in no case gave a positive reaction, while of 9 sucklings examined, only one was positive. The results obtained by the author indicate that the reaction is not specific, and the name "psychoreaction" should not be applied to it. The author's investigations are being continued.

Vaccine Bodies.—CZAPLEWSKI (*Deut. med. Woch.*, 1909, xxxv, 1152) obtained human, somewhat "purulent" lymph from a vaccinated child for study. Cultures on various media showed the lymph to be free from bacteria; stains also failed to demonstrate any bacteria, but the author considered the stains unsatisfactory, for no leukocyte nuclei were found in this "purulent" material. (Gram-Weigert with carbol-fuchsin counterstain, gentian violet, carbol-fuchsin and Giemsa stains were tried). By a special modification of the staining technique the author obtained very unexpected objects, which he later demonstrated also in vaccine lymph from man, the calf, and the rabbit. Further study revealed new forms which reminded the author, both in appearance and staining reaction, of the cycles of certain protozoa, especially coccidia, hemosporidia, and microsporidia. The author believes he has observed both asexual (schizogomie) and sexual (sporogonia) cycles, corresponding to the double cycles of coccidia and malarial parasites. The asexual and sexual forms are described in various stages. In a detailed paper, soon to appear (*Zentrabl. für Bakt.*), the technique will be fully described and microphotographs published.

The Treatment of Typhoid Bacillus Carriers.—LIEFMANN (*Münch. med. Woch.*, 1909, lvi, 509) discusses the problem of the disposal of chronic typhoid bacillus carriers who are themselves in good health, but a source of danger to others. It is important naturally to render them harmless to the community, and yet the many researches for this purpose have been without results. But it seemed to Liefmann that good results might be obtained with the Bulgarian sour milk, the so-called Goghurt, which is such a favorable medium for the growth of intestinal flora. He fed this to three bacillus carriers for a long period, taking care that the diet be not so rich in proteins as to interfere with a strong intestinal putrefaction. After seven weeks typhoid bacilli were found in the stools of one of the individuals, but never again since, although search was kept up diligently for a period of eleven weeks from the beginning of the treatment.

The Rare Forms of Cyanosis: Polycythemia, Methemoglobinemia, and Sulph-hemoglobinemia.—CLARKE (*Med. Record,* 1909, lxxvi, 143) describes the commoner forms of cyanosis due to imperfect aëration of the blood, as in heart disease, pneumonia, pleurisy, emphysema, and tuberculosis. Polycythemia is the form occurring in conjunction with a high red blood count. But the rarest of all forms is that produced by an alteration of the blood pigment itself. If this abnormal pigment is methemoglobin, the condition may be due to drug poisoning (acetanilide, phenacetin, sulphonal, trional), or auto-intoxication by the absorption of nitrites from the intestines in cases of chronic diarrhœa. If the pigment is sulph-hemoglobin, it is probably associated with chronic constipation, and is the result of the hyperformation or hyperabsorption of H_2S or the presence in the blood of an abnormal reducing agent acting with a small trace of H_2S. The methemoglobin cases improve as the enteritis is cured, and the sulph-hemoglobin cases recover if the bowels are kept open.

The Ipecac Treatment of Amœbic Dysentery.—DOCK (*New York Med. Jour.,* 1909, xc, 49) emphasizes the use of ipecac in chronic amœbic dysentery, in which he has had remarkably good results. From experiments, he suggests a direct destructive action of the drug. In addition there is a cholagogue and sometimes a purgative action. Clinically, in cases treated with ipecac a cessation of amœboid motion of the parasites occurs in a few hours. In one to three days they disappear completely. In the same time the stools lose their dysenteric character. Mucus and blood, later pus, disappear, and the stools resemble those of mild enteritis or even become formed. The effect upon the other protozoa in the stools varies. The patient should always be kept in bed. The ipecac is sometimes depressing. With the idea of getting the remedy into as close contact as possible with the parasites, there should be a preliminary pugation with salts. All food should be stopped while the ipecac is being taken, and only liquids